



Nursing Care Quality Assurance Commission (NCQAC)
MINUTES
November 16, 2007 Business meeting
Comfort Inn
1620 74th Avenue SW
Tumwater, WA 98501
360-236-4713

NCQAC Members Present:

Susan Wong, MBA, MPA, RN, Chair
Linda Batch, LPN
Erica Benson-Hallock, MPPA, Public Member
Richard Cooley, LPN
William Hagens, MA, Public Member
Rev. Ezra Kinlow, MTH, Public Member
Jackie Rowe, RN
Robert Salas, RN
Diane Sanders, RN, BC, MN
Mariann Williams, MPH, MSN, RN, ARNP
Susan Woods, PhD, RN, FAHA, FAAN

Unable to attend:

Judith D. Personett, EdD,
Certified Nurse Administrator Advanced (CNAA), RN,
Chair
Rhonda Taylor, MSN, RN

Assistant Attorney General:

Gail Yu, Assistant Attorney General

Staff present:

Paula R. Meyer, MSN, RN, Executive Director
Usrah Claar-Rice, MSN, RN, Nursing Education Advisor
Mary Dale, Discipline Manager
Marc Defreyn, JD, Supervising Staff Attorney
H. Louise Lloyd, Secretary Supervisor
BJ Noll, MSN, RN, Nursing Practice Advisor
Irene Oplinger, Discipline Manager
Kendra Pitzler, Health Services Consultant 3
Terry West, Health Services Consultant 4

Susan Wong, Vice Chair, will chair the meeting in Dr. Personett's absence.

- Susan Wong called the meeting to order at 8:35.
- Introductions of the NCQAC members, staff and the public.
- Order of the Agenda – The subcommittee report on Continued Competence was changed from agenda item number 14 to agenda item number 4.
- Correspondence – There was no correspondence.
- Announcements - Diane Sanders was recognized for being nominated for the Nurse Week Leadership Award.
- Todd Herzog will be recognized with a plaque and card for his service to the NCQAC.
- Celebrate Nurse Practitioner week is November 11-17. Ms. Meyer recognized ARNP members
- Ambulatory Surgical Center Cedar Room, rules hearing, at Renton Holiday Inn as a result of last year's legislation.

1. Consent Agenda – DISCUSSION/ACTION

Items listed under the consent agenda are considered routine agency matters and approved by a single motion of the NCQAC without separate discussion. If separate discussion is desired, that item will be removed from the consent agenda and placed on the regular business agenda.

- A. Approval of minutes
 - 1. NCQAC business meeting, September 14, 2007
 - 2. NCQAC Disciplinary Hearing minutes
 - 3. Continuing Competency sub-committee
 - 4. Nursing Program Approval Panel (NPAP)
- B. National Council of State Boards of Nursing (NCSBN) Correspondence: Guiding Principles of Nursing Regulation
- C. Integrated Licensure and Regulatory System (ILRS) update

DISCUSSION: Ms. Williams requested removal of the NPAP minutes dated Aug 23, 2007.

ACTION: Motion was made and passed to accept the Consent Agenda to exclude the NPAP meeting minutes submitted in the September 14, 2007 NCQAC business meeting minutes.

DISCUSSION: Gonzaga University requested NCQAC approval for a new education model using staff nurses as primary clinical instructors with faculty oversight. The clinical instructor could be an Associate Degree nurse. This is a new model used at the University of Portland.

ACTION: Motion was made and passed to accept the NPAP minutes.

2. Executive Director Report – Paula Meyer – DISCUSSION/ACTION

- A. Rules – Kendra Pitzler
DISCUSSION: Licensing and Definitions Rules
Packet had incomplete information regarding the definitions. Ms. Pitzler handed out complete information.

1. Nursing definitions and licensure rules were opened in May 2007 because the rules were not clear and needed to be understandable for nurses who want to work in the state of Washington. Rule changes were requested by the NCQAC, and the result of legislation. The anticipated hearing date is January 11, 2008.

Ms. Williams wanted to know if there were any deletions. Ms. Pitzler stated that one change was the required 1,000 hours of clinical for people who apply from out of state and non-traditional schools. Nurses with years of experience and unencumbered licenses see the requirement as a barrier to practice in Washington.

Mr. Hagens questioned requirements for specialized pain management. Ms. Woods stated that there are no requirements or special credentials for pain management but practitioners can update their skills and knowledge through education. She sees this as a continuing competency issue. Ms. Claar-Rice informed the NCQAC that the American Society for Pain Management is developing a pain management credential.

2. Nursing Assistants - The Nursing Assistant (NA) rules have been in process for many years. An RN is required by Federal law to direct the certified nursing assistant training. However, caregiver programs did not utilize RNs as directors. Standards of practice competencies have been written to match the federal law. A hearing on the NA rules will be held in Tumwater on December 13, 2007.

3. ARNP – Mindy Schaffner and Kendra Pitzler

Eight work groups met in August and September throughout the state to review the current rules and suggest changes in the rules. Consensus was obtained on most of the issues.

Outstanding issues:

- Prescriptive authority - Want to change requirement of 30 hours of education to 45 hours. The data from NCSBN shows no national trend.
- The current rule allows five years before graduates must obtain ARNP licensure. NCSBN questions the time but is not aware of any national trend.
- There is a need to identify individuals who need to obtain more practice hours for an ARNP license but who graduated from school beyond the 5 year limit. A probationary license may be a resolution.
- Scope of practice – Current law is reviewed and updated the Scope of Practice statements from the certifying bodies every 2 years. Some of the certifying bodies in the current rules no longer exist.
- Advance Practice requirements and Scope of Practice - The NCSBN is planning on reviewing their document at their December 2007 meeting. The document will be shared with NCQAC members upon receipt and compared to draft rules.

- Clinical Nurse Specialists would like to be recognized by licensure as ARNPs. This will probably require new legislation.

DISCUSSION: Ms. Pitzler requested a work group comprised of NCQAC members to review the remaining ARNP rules by the end of December 2007. Ms. Williams and Mr. Hagens agreed to attend the discussion groups.

Ms. Meyer thanked Ms. Pitzler and the task force for their hard work.

B. Delegation of signature authority, rules

DISCUSSION: Currently the Chair of the Commission has signature authority for rules. Ms. Meyer requested the delegation of signature authority to Usrah Claar-Rice for the Notice of Determination used by the Nursing Program Approval Panels. Ms. Meyer requested delegation of signature authority for the documents used for rules: CR 101, CR 102, and CR 103.

ACTION: A motion was made and passed to assign delegation of signature authority to the Executive Director for documents used for rules: CR 101, 102 and 103.

DISCUSSION: There is a need to formalize Ms. Claar-Rice to sign Notices of Determination since her position changed from a management position to Nursing Education Advisor.

1. Endorse the Executive Director can sign Notice of Determination.
2. Approve the Executive Director delegating signature authority to Usrah Claar-Rice.

ACTION: A motion was made and passed to accept delegation of signature authority by the Executive Director to Usrah Claar-Rice.

C. Presentation to Nurses from Syria, September 24, Dr. Judith Personett and Paula Meyer

DISCUSSION: Information to five nurses from Syria was presented through interpreters. Licensure requirements and the work of the NCQAC were presented. The Syrian nurse's main interest was how to become an RN in the US. Licensure rules will be changed that may benefit graduates of foreign nursing schools since the Commission on Graduates of Foreign Nursing Schools (CGFNS) examination will no longer be required.

With the Nursing Shortage, international nursing has become a major topic. DOH Secretary, Mary Selecky, will be meeting with a contingent from Jalisco, Mexico on this issue.

D. Board/Commission/Committee meeting, September 27-28, Jackie Rowe

DISCUSSION: The state auditors report was presented to boards and commissions. Chris Blake and Jonelle Anderson, legislative staff, were on the legislative panel and described their role. They looked at the work the NCQAC has done on Mandatory Rules and Sexual Misconduct Rules. The NCQAC will consider revising their Sanctioning Standards to fully align with the Secretary Sanctioning Guidelines and then provide that information to Ms. Anderson.

E. Council of Nurse Educators of Washington State (CNEWS), October 11-12, Dr. Susan Woods, Usrah Claar-Rice, Paula Meyer

DISCUSSION: The CNEWS unanimously voted to endorse a proposal strengthening the educational requirements for RNs starting in 2020. Under the proposal nurses licensed after 2020 will be required to obtain a baccalaureate degree in nursing or higher within five years of initial licensure. Nurses who are currently licensed will not be impacted by this decision. The purpose is to ensure continuing competency of the professional working nurse force, to acknowledge the increasing complexity of care and the education required to protect the safety and health of the residents of Washington State. The plan promotes a comprehensive model of excellence and consistency within nursing education. Legislation for funding The Center for Nursing required the report and it will be submitted to DOH.

The second resolution addressed articulation agreements in place. LPN programs require a formal progression by 2010. By 2012 they will need to have a formal progression plan for RN programs. This resolution was also unanimously adopted.

F. National Academy for State Health Policy (NASHP) Annual Conference, October 14-16, Bill Hagens, Denver, CO

DISCUSSION: In its 20th year, NASHP, a non-profit organization made up of State health policymakers, identifies emerging issues, develops policy solutions, and improves state health policy development.

There were 500 attendees representing state health related agencies. Attending from Washington State were Senator Linda Parlette, MaryAnne Lindeblad and Roger Gantz from HRSA, DSHS, Jane Beyer, House Democratic Caucus staff, Elaine Deschamps - Senate Ways and Means staff, and Bernard Dean, House Human Services staff.

The meeting focused on improving access, e.g., reconfiguring S-CHIP after the President's veto and implementing the Massachusetts and Vermont health reform measures. There were also discussions of the Presidential candidates' health care proposals, with the general consensus that the federal government will play the dominant role in whatever is finally adopted.

- **Peak Performance: States Promoting Patient Safety:** This session looked at health safety programs in Florida, California, and Virginia. There was a comparison of efforts toward system transparency, evidence-based health services, and provider competency. Washington appears to be ahead of other States.
- The session entitled "The Card Will Get You in the Door, But are the Health Providers at Home?" addressed health provider workforce capacity and the need to meet growing service demands. Strategies include changing scope of practice, expanded use of nurse practitioners, publicly-funding incentives to recruit nurse educators, providers and underserved areas, and a greater use of technology to connect disparate providers to a medical home system and related information.

All conference presentations are available on the NASHP website at:
<http://www.nashp.org/conferences.cfm?LID=CON>

G. Citizens Advocacy Center (CAC) meeting: Ezra Kinlow, Bill Hagens, Erica Benson-Hallock, Dr. Judith Personett, Rick Cooley, Paula Meyer, October 29-31, Seattle

DISCUSSION: Comments about the conference were solicited by the Executive Director. The general consensus was that it was a good conference with a lot of discussion around continuing competency.

A session at the conference attempted to define the role of the public members on commissions and boards. Mr. Hagens did research in the state of Washington and out of 187 commissions and boards, 40 are required to have a public member. The statute says little about what a public member should do.

H. Locations of International NCLEX® test centers

DISCUSSION: The locations were mentioned earlier. A list of sites is available at the NCQAC office upon request.

I. Nursing Commission and the Disciplinary Process Videotaping – Terry West

DISCUSSION: A video was produced about three years ago. Cheryl Payseno gave the point of view of a NCQAC member's roles and responsibilities in the disciplinary process. About a year ago, the NCQAC and the DOH staff began to produce another training video with the NCQAC member's, the staff attorney's, and the AAG's responsibilities. The DVD will be available in January as a training tool for new NCQAC members, staff attorneys and AAGs.

Continuing Competency Sub-Committee - Cheryl Payseno, Chair

Ms. Payseno thanked the NCQAC for allowing her to chair the Continuing Competency Sub-Committee. Evaluation and Monitoring of Continuing Competency Through Professional Practices was developed from a request to have a description of the program and a summary of the work to date.

The Committee is presently modifying the North Carolina model to apply to the needs of the residents of the state of Washington. The model is continuing education based but does not reflect enough strength in some areas. It has been changed so that nurses will assess their current knowledge and skill. We want to emphasize self-reflection because it encourages nurses to think creatively about their own practices. The document was approved by the subcommittee.

Advisory Group Assignments: Groups have not had the benefit of working through the process. The charter statements and time lines for reporting were clarified. The Advisory Group assignments were reviewed and it was decided that some of the group's processes can be merged. The Professional Practice Introspective/Self-Inspection and the Documentations groups will be working together.

The deadlines that were set are: January - Business Meeting the methods to measure continuing competency. February - Documentation documents will be ready. The plan is to have the survey for nurses completed by March.

Ms. Williams requested the WEB address for Continuing Competency be sent to her.

Joan Garner requested to be placed on the advisory group assignment list.

3. Discussion Items - DISCUSSION/ACTION

If items are selected for action and a task force assigned, the group will meet once, complete the charter, and then come to the next meeting for decision to proceed.

A list of current task forces, membership, charges, and their progress will be presented for feedback.

A. Orientation of New Nursing Program Deans and Directors, October 10 – Usrah Claar-Rice

DISCUSSION: This has been completed. The slide show is in the packet. It was very well received by Deans and Directors.

B. Children's Hospital request for NCQAC members presentation, September 21 – Jackie Rowe, Linda Batch, Bill Hagens, BJ Noll

DISCUSSION: Completed on September 21, 2007. The Commission attended their 100th celebration and manned a booth where they disseminated information about NCQAC to participants. At this time Bill Hagens requested the NCQAC members be issued business cards. The request was approved by Ms. Meyer.

C. Public Health Nursing and the Use of Standing Orders – Rhonda Taylor, Marianne Williams, Linda Batch, Erica Benson-Hallock

DISCUSSION: Work continues on this topic in the DOH since it involves working with several boards, commissions and DOH divisions.

D. Review of Nursing Practice Guidelines –Action item

E. MQAC request – list of dermatological procedures and scope of practice for nurses –Action item

F. Authority to restock automated drugs – Completed.

G. Evidence necessary in Failure to Supervise cases – Agenda Item 7

H. Community Health Center of Snohomish County – RNs ordering refills of routine prescriptions according to standing orders – Completed.

I. Children's Hospital request for NCQAC members at a booth presentation – On the agenda

K. Nurse Delegation in Community Based Care Settings – Insulin Injections – This task force is in the preliminary stage.

Joan Garner would like to give input on nurses giving insulin shots prior to a recommendation by the NCQAC.

4. Nursing Practice Guidelines – Robert Salas, Diana Sanders, Linda Batch
DISCUSSION/ACTION

The Nursing Practice Guidelines, produced and placed on the NCQAC webpage in December 2005, contains all current advisory opinions, the Scope of Practice Decision Tree, and publications developed by the NCQAC. The NCQAC directed the review of the practice guidelines to determine currency of the information.

DISCUSSION: This is a large document and will be reviewed in three stages. The task force will report and provide recommendations to the NCQAC at the next three consecutive business meetings. Today's report is on advisory statements over five years old.

Who determines and pronounces death? The WAC states that only an RN may determine and pronounce death. The NCQAC has conflicting statements: stating that only an RN may determine and pronounce death; and another that states that an RN may delegate this task to an LPN. The 1994 Commission developed a letter stating an RN can delegate to LPNs the ability to determine and pronounce death.

ACTION: Motion made and passed to develop a position statement to include LPNs ability to pronounce death.

DISCUSSION: Registered Nurse First Assistant at Surgery (RNFA) - Question: Can LPNs function in this role?

RECOMMENDATION: No recommendation at this time.

ACTION: The position statement will go back to the task force for reconsideration.

5. **Dermatological Procedures within the Scope of Practice for RNs and LPNs – Robert Salas, Richard Cooley, BJ Noll - DISCUSSION/ACTION**

At the March 2007 meeting, the Medical Quality Assurance Commission asked the NCQAC to determine if certain dermatological procedures are within the scope of practice for RNs and LPNs. The NCQAC members have evaluated the procedures, using the scope of practice decision tree, to determine which procedures would be within or outside of the practice of nursing in Washington State. Recommendations will be considered and decisions forwarded to the Medical Commission. The Medical Commission will use this information with MDs in their delegation to nurses.

DISCUSSION: Chemical peels – chemical solution applied to the skin causing it to blister and peel. It is used to regenerate the skin.

- Dermabrasion –Used to remove the top layer of the skin and used for damaged skin
- Microdermabrasion – basically the same as dermabrasion except that the device is like a brush putting crystals on the face and vacuum at the same time.
- Botox injections – injection
- Botox topical – serum applied to the skin
- Collagen injections – injection of collagen or fat to decrease lines and wrinkles
- Derma fillers – injection of jelly like substance to fill wrinkles
- Sclerotherapy – injection of medication into a blood vessel causing them to shrink
- Mesotherapy – injection of medication to break up fat cells
- Facial fat grafting is a surgical procedure and should not be included with the rest; this is outside scope of nursing practice.

After reading many articles Mr. Salas found that there is little information related to the scope of practice for the above procedures. One article asked if a medical degree is

necessary to perform procedures. There are opposing views to this question from physicians. Also, documents of the nurse acting as an assistant with microfat grafting, harvesting, transplanting, and suturing was found.

Advisory opinions and a statement from North and South Carolina and Arizona state that RNs can perform these procedures with some limitations for LPNs.

Washington State RCWs 18.79.260, 18.79.270, and 18.79.280 state that nurses can give injections, perform procedures, and treatments. Washington State has the UDA and position statements allowing both RNs and LPNs to give botox injections.

RECOMMENDATION: Nurses should be able to perform non-cosmetic surgical procedures, with the exception of fat grafting, as within the scope of practice for nurses. Each nurse should utilize the Scope of Practice Nursing Tree to determine if they possess the knowledge, skill, training, supervision and accountability before performing these procedures.

DISCUSSION: What would the level of supervision be?

Ms. Meyer stated that Dr. Sellenger and Beverly Thomas from the Medical Commission questioned what procedures physicians can delegate to nurses that are within their scope of practice, level of required training, supervision, level of competence, and what is the individual nurse's responsibility doing a procedure? One of the recommendations was to look at the botox statement and revise it to be more inclusive of the questions asked by the Medical NCQAC.

ACTION: A motion was made and approved to send back to the Medical Commission that RNs and LPNs can do all the procedures listed except fat grafting.

ACTION: A motion was made and approved to revise the botox statement to include scope of practice, level of required training, level of supervision, level of competence and the individual nurse's responsibility with dermatological procedures.

6. Evidence Necessary in Failure to Supervise Investigations – Diane Sanders, Jim Smith, Marc Defreyn - DISCUSSION/ACTION

Allegations of failure to supervise and the evidence needed to support these allegations may be complicated. Ms. Sanders, Mr. Smith and Mr. Defreyn have reviewed the certification standards of the Certified Nursing Administrator Advanced. Recommendations on what evidence investigators need to collect will be presented to the NCQAC.

DISCUSSION: It was agreed that the following fundamental elements describe the evidence necessary to be collected to support failure to supervise allegations.

- Licensure of the nurse as a supervisor, and licenses of all nurses involved in the complaint
- Documents that demonstrate that employees were oriented to procedures, policies and practices
- Documents that demonstrate the initial orientation, competence testing of procedures and understanding of the procedures by the employee

The questions:

- Did the supervisor know there was a need to work on a corrective action practice issue?
- All documentation should be checked, such as a personnel file, email, etc.

- Who is the supervisor? Is the charge nurse the supervisor or are they more of a shift coordinator?
- This will have to be noted in the job description?

ACTION: A motion was made and passed to accept the recommendation of the task force.

RECOMMENDATION: The suggestion was made to make this information available in the Newsletter.

7. **Nursing Education Annual Report – Usrah Claar-Rice - DISCUSSION/ACTION**

Ms. Claar-Rice will present the Annual Report to the NCQAC.

DISCUSSION: The WACs require programs submit an annual report to the NCQAC. This draft report is for the 2005/06 academic year. Currently the school's deadline for submitting the 2006/07 annual report is December 1. The summary reports that nurses are choosing not to go into education because of low salary options. The pass rate for the schools is posted on the WEB for the last five years

Ms. Meyer announced that Ms. Claar-Rice was recognized at the CNEWS meeting by the deans and directors as being very helpful. It is rare that a regulator is recognized.

ACTION: A motion was made and passed to allow the word 'draft' to be removed from the Annual Report and the executive summary to be revised in plain talk and released.

8. **Lap Top Computers for NCQAC Members – Terry West DISCUSSION/ACTION**

Update on process, security procedures, Phase I through III. Confirm list of NCQAC members to pilot and evaluate this project.

DISCUSSION:

Phase 1 – Should end in January - Explanation why there has been a delay distributing and using the lap tops.

- Purchasing the lap top, scanning information (software) - purchased
- Purchasing scanning packet, in disc form and five to volunteer. Hopefully, this will be purchased by the end of January 2008.
- The first attempt will be to scan business meeting packets, put on disc (confidential info) and send via mail
- Security with the laptop, encrypted CDs and with confidential health care information will be developed.

Phase II - Scan an investigation file and put on a disc (this is confidential information)

Phase III – Secure Intranet site, NCQAC member access to assigned files to view and mark, staff attorney and AAG will have access. NCQAC members have been chosen to pilot the program for DOH. Pilot project participants – Mariann Williams, Rick Cooley, Susan Woods, Judith Personett, Robert Sales.

9. **Fee Studies for LPNs, RNs, ARNPs, and Nursing Technicians – Paula Meyer DISCUSSION/ACTION**

Ms. Meyer will present cost projections for the next three biennia (through 2013) and corresponding fees for nursing professions.

DISCUSSION: One of our administrative functions is to ensure the proper fees are collected and that they are adequate. Nursing has 70,000 licensed nurses in Washington. Projections are made for six years. At this time, there is no need to change the fees. They are reviewed on an annual basis.

10. Legislative Task Force – Paula Meyer - DISCUSSION/ACTION

Ms. Meyer will present the task force description and the list of standing members.

DISCUSSION: Presented under tab 4

11. Public Disclosure – Lists and Labels – Paula Meyer - DISCUSSION/ACTION

NCQAC policy B08.01 describes the approval process for lists and labels and includes a list of approved entities. Since the procedure was adopted, several organizations have been added because they met the criteria. The NCQAC will review the list and consider adoption.

DISCUSSION: DOH would like clarification on what the NCQAC means by “all approved schools of nursing.” NCQAC determined that all schools of nursing listed in the NCLEX bulletin are considered approved schools of nursing. In 2002 the policy was adopted and definitions given for Lists and Labels. NCQAC recognized 17 organizations for access. The list is updated. Ms. Meyer will check requests and determine whether they meet the qualifications.

ACTION: A motion was made and accepted that all approved schools of Nursing as listed in the NCLEX bulletin, to include US territories.

11:30AM - Executive Session if needed

The Executive Session is part of a regular or special meeting closed to the public.

No Executive Session was needed.

LUNCH

1:00PM–OPEN MIKE

Open mike is for public presentation of issues to the NCQAC. If the public has issues regarding disciplinary cases, please call: 360-236-4713.

Joan Garner reserved comments until the January NCQAC meeting.

12. 1:30 PM - Laurie Jenkins, Assistant Secretary, HSQA – HSQA Updates - DISCUSSION/ACTION

DISCUSSION: Currently there are 4 offices plus the Assistant Secretary:

- 1 - Facilities and Licensing Office – licensing 7000 offices. All but long term care is under DOH.
2. HPQA - regulates 62 professions .

3. EMS and Trauma Office – responsible to make sure that the EMS service is working in Washington. This office consolidates all the injury and prevention to include; senior falls, youth, state patrol, and highway safety.
4. Community and Rural Health Office – Focuses to keep health care providers in rural communities

A strategic plan was completed 2 years ago. The current plan outlines our goals, including improving health, enhancing patient safety, and making every resource count. Before the Performance Audit we began to focus on improved patient safety and to increase public confidence. We want clear lines of accountability and responsibility.

REORGANIZATION: Approved by the Governor

Legislative Affairs – Rule making - Staff have subject matter expertise but to make rules more technical information is necessary.

Commission and Boards – Director, Steve Saxe

Customer service – currently recruiting for the Director of Customer Service

There will be an inside auditor that will be solely devoted to monitoring the Call Center activities.

Investigations - More consistency between inspectors and investigations

Legal Office - Compliance is very different across DOH. We need to gain more consistency.

Expectations - ILRS is probably the most significant change in the last few years. It will be fully implemented by 6/08.

Send suggestions to Laurie Jenkins or Bonnie King.

Ms. Jenkins commended the NCQAC for all the work they have done.

13. Subcommittee reports – DISCUSSION/ACTION

A. Continuing Competency - Cheryl Payseno, Chair

Report given under agenda item number 4.

B. Licensing and Discipline – Jackie Rowe, Chair

NCQAC Sanctioning Standards – alignment with the Secretary of Health Sanctioning Guidelines

In September 2006 the NCQAC adopted the Secretary's Guidelines in addition to their own Sanctioning Standards that are specific to nursing practice.

ISSUE: The NCQAC standards should mesh with the Secretary Guidelines. Mike Brown, staff attorney, compared the NCQAC standards with the Secretary Guidelines. The difference was between the lengths of time for the sanctions.

ACTION: A motion was made and passed to accept the new standards.

The next step is to publish the results in the newsletter so that the public will be aware of what the sanctions will be.

CLOSING – Adjourned at 3:02